THE

MEDICAL AND SURGICAL REPORTER.

No. 892.] PHILADELPHIA, APRIL 4, 1874. [Vol. XXX.—No. 14.

Original Department.

Communications.

TUMOR OF THE IRIS AND CILIARY BODY.

BY DUDLEY S. REYNOLDS, M. D.,
Of Louisville, Kentucky.

The subject, Mr. F., about twenty years of age, good constitutional vigor, a farmer, of La Rue county, Kentucky, got the bit of an inch auger driven into the eye, through the corneo-sclerotic, forming a puncture, evacuating the aqueous humor so suddenly as to cause prolapsus iridis. The physician who saw the case at the time very wisely snipped off the extruded portion of iris, and the wound healed very promptly. The vision was almost wholly restored.

In November, 1873, Mr. F. noticed that this same eye was tender to the touch and slightly inflamed, with little points of a grayish-brown color lying in the edge of the artificial pupil, at the inferior peripheral extremity of the iris. Soon a white speck appeared at the upper edge of the patch, the symptoms of inflammatory action having gradually augmented in severity. At last a white body, apparently the size of a pea, occupied the lower half of the anterior chamber; vision greatly disturbed; intense photophobia, with circumorbital pain and tenderness of the eye to the touch, along with great tension of the globe, and considerable conjunctival engorgement.

The patient was chloroformed, 23d of January, 1874, and, with the assistance of Dr. Wm. Bailey, a wide incision with a Beer's knife was made just within the scleral margin. I then seized the iris with forceps just above and to the temporal side of the tumor, hoping to bring it away, and thereby cutting off the portion of iris brought out, thus to get rid of the growth. But I was chagrined to find the iris rotten, attenuated, giving way at the slightest touch. I next grasped the tumor, and, finding it firmly adherent to the corneal lip of the incision, severed this attachment, and, making very gentle traction, removed only the more anterior and central portions of the growth. The next step was to seize the capsule of the cyst, and by tearing very cautiously from side to side, and from behind forward, I at length succeeded in effecting its entire removal, at the expense, however, of the capsular ligament of the lens, and some vitreous humor. I thought, at the time, I had wounded the crystalline lens.

The tumor was, at its base of attachment, formed of dense fibrous tissue, which had been extended on, gradually becoming thinner in the course of its extension, to form a complete capsule or cyst. In this cyst was a quantity of cheesy matter, presenting precisely the same appearance as that found in sebaceous cysts about the face, neck, and scalp.

The loss of vitreous; the violence done to the lips of the scleral incision, in the prolonged manipulations necessary for the removal of the tumor; the extent of the incision, with a marked degree of gaping, induced me to close the wound with an interrupted suture, which was introduced according to the plan adopted in cases of cataract extraction, by Prof. Henry W. Williams, of Boston. The eye was closed with a light

bandage, a four-grain solution of atropia having been dropped into the eye previous to the bandaging. The patient slept for three or four hours, awaking about five o'clock, P. M., with intense pain in the brow and temple. He got hypodermically one sixtieth of a grain of the sulphate of atropia, combined with one-fourth of a grain of sulphate of morphia, into the subcutaneous tissue over the right shoulder blade. At bedtime he got five grains of calomel, one of opium, and two of the extract of belladonna.

January 24th, 11.30 A. M. Mr. F. had a good night's rest; has had no stool since the day before yesterday. Directed half ounce of Rochelle salt, to be taken in water. The eye being comfortable, the dressing was not disturbed. At 4 o'clock P. M. the pain in the eye, brow, and temple was so intense that I was summoned in haste. I removed the dressing at once, tapped the anterior chamber at the outer angle of the scleral incision, instilled between the lids the atropia drops, and applied a wet compress as tightly as was consistent with the patient's comfort; I then ordered fifteen grains of the sulphate of quinia, to be taken at one dose, immediately. The bowels having acted freely, I left instructions for him to have one-fourth of a grain of morphia, in case the pain returned; directing at the same time that the same quantity be given every half hour during the persistence of the pain.

January 25th. Mr. F. expresses himself as being quite comfortable, and desires permission to go home to-morrow. The treatment from this time on consisted in the local use of the atropia drops above mentioned and five-grain doses of the iodide of potassium three times a day. On the 27th day of January Mr. F. returned home. He writes me, on the 14th of February, "my eye is getting along very well; it is not much inflamed, and I can see to count fingers, etc., across the room."

Though this eye is not yet well, there are these remarkable features about the case: the rapidity with which this tumor developed; the caseous contents of the cyst, and the great extent of surface to which the very densely fibrous base of the growth was attached; the very slight damage from so extensive a mutilation, involving loss of vitreous, destruction of the attachment of the capsular ligament of the lens, extensive contusion of the ciliary substance and iris, as well as the ciliary muscle. And withal there is now no evidence of fatality to the vision of this eye, which was once before seriously wounded by being punctured with the bit of an inch auger. Mr. Bowman showed that injuries of this kind, penetrating wounds, are most commonly found to have previously occurred in cases of non-malignant tumors of the iris, and especially cystic tumors. The observations of Mr. Hulke and others confirm this notion. The nature of cystic growths of the iris and ciliary bodies is generally simple. But one other case of sebaceous contents in a fibrous cyst, originating in the irido-ciliary region, has, so far as I know, been yet recorded. I allude to the well known and oft quoted case which occurred in the practice of the late Prof. A. Von Graefe.

NATURE'S EMBALMING.

BY T. D. CROTHERS, M. D.,
Of Albany, N. Y.

In 1870 I witnessed the disinterring of a body which had lain over half a century. The form and features were complete, and the eyes and hair seemed perfectly lifelike. The coffin had been replaced by a layer of soil which moulded itself to every line and elevation of the body. In the act of removing it to a distant cemetery it dissolved into a few handfuls of dust. The condition of this body seemed hard and clammy, although not adipocere. The soil was light and dry, with a limestone bottom. The bones could be plainly felt, as harder than the muscles, and the joints moved with a creaking sound. The weight appeared unchanged, and no part of the contour of the body was shrunken. The suspension of the laws of decomposition in this case, and the retention of the form and framework so complete, are hints of the possibilities of nature's laboratory, which the chemist and physician would do well to study. Among the most remarkable instances of nature's embalming recorded, we might mention that of three Roman soldiers, fully equipped with warlike implements, and in a perfect state of preservation, which were dug out of a bed of peat near Langford, Ireland, in 1569. In all probability they had been buried over fifteen hundred years. Certain weapons found with them, and old records of invasion, confirm this theory. The narrator of this incident details the perfectly fresh and natural appearance these bodies re-

tained, but after a time he declares they dissolved into dust, and were no more.

Another authentic case is that of Canute, the Dane, who crossed over to England in 1017. In 1776, some workmen, who were repairing the Cathedral of Winchester, came across the body in the most perfect state of preservation. From the inscriptions, it was Canute, who had been buried nearly seven hundred and fifty years. The excitement among chemists and physicians in the neighborhood was very great for a time. The body was natural, and seemed to have been buried only a short time, so perfect was the hair and color of the skin. A picture was made of it, and measurements were taken; finally it faded, and fell to pieces after a few days. This body was interred in a wood and metal coffin. Pieces of the metal yet remained, but the body was exposed to the action of the soil. The tomb of Edward I, of England, was opened four hundred and sixty-three years after he was buried, and the body was found to be in a perfect state of preservation. This is not so remarkable when we consider that in all probability it was prepared to resist decay by both drugs or disinfectants, and placed in a perfect stone coffin or tomb. A Bishop in London, who died in 1404, and was buried in St. Paul's Cathedral, was disinterred in 1666. His body was found to be firm; the skin, hair, joints, and nails were all natural in color and not shrunken, although it had lain there no less than six hundred and sixty-two years. In 1600 the corpse of the Marquis of Dorset, which had been buried over a century, was exposed to view, and found entire. The eyes seemed glistening and full, and the hair all arranged smoothly, as in life; the joints were firm, and moved readily, but, as in the other cases mentioned, it soon dissolved on exposure to the air. A very remarkable instance is that of a Portuguese jeweler, who, while pursuing his occupation in the City of Mexico, in 1595, was accused before the tribunal of the Inquisition, and, after suffering a variety of tortures, was condemned to be buried alive in a vault in the Convent de St. Domingo, in that city. In 1865 the Convent de St. Domingo was torn down, and search was made for some treasure supposed to be concealed there. In a vault, where the inscriptions on the door indicated the jeweler had suffered, his body, and that of his daughter, were found entire. His daughter, only two and a half years old, was found crouched at the feet of the father, perfectly preserved. The evidences, on the body of the jeweler, of great torture were very apparent. In one respect the appearance did not coincide with the record which was handed down, affirming that he was walled up in the vault and left to die. But the position of the body and hands showed that he was suspended by the neck and body until death. Marks of the indentations of the cord were seen on both neck and body, and scars where he had been tortured by burning irons were apparent. Not the slightest trace of decomposition could be found. The skin was natural in hue and texture, and the hair firm and unchanged. These cases might be multiplied almost indefinitely. They indicate a chemical condition of the body, whereby all the fluids and solids are fixed and held in suspension, and all the tissue and cell forms retain their natural characteristics. This is a degree of embalming never attained by the most skillful workers of the art in Egypt. It is probably owing to a peculiar chemical condition of the body at the time of death, and other favoring circumstances in the place of interment. If a careful note should be made of every case revealed, and equally accurate notes recorded of every death and interment, a comparison might show the exact condition which would perpetuate or preserve the body indefinitely by a natural process. Such an attainment is not impossible.

MIXED TYPE IN FEVER.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

In malarious regions we often find cases which do not retain the type or peculiar features which were at the onset characteristic. Generally, a pure intermittent will continue unchanged throughout its course, and if otherwise it will be owing to some contingent circumstance, or peculiarity of constitution. In an old case-book I find notes of the history of a case which will illustrate the point above alluded to. The symptoms were such that I deemed them worthy of record.

Sunday, 7, A. M., July 23d, 1848, was called to visit Mrs. M., about thirty, married, and mother of two children. Good previous health, having passed through some seven epidemics of fever since 1846. During the fourteen days previous, she had felt, with more or less regularity, chills, with symptoms of what was then commonly known as "dumb ague." She had

been about the house and attended to her ordinary duties every day. Had felt pain in the right side, over the loin, and the bowels were constipated. The trouble had been considered as merely ague, and no physician was called in. Two days before I was called, to obviate the torpidity of the bowels and remove bilious matter, she had taken a dose of "Sanative Pills," which had acted very freely, and followed them with "Jayne's Ague Pills," which kept up the looseness. I found her with diarrhœa and some nausea; loathing of food; tongue covered with a cinnamon-colored coat, and somewhat dry; tenderness on pressure over the epigastrium; pulse eighty-five.

Prescribed Dover's powder every four hours through the day, with a full dose of sulphate morphine at 9 o'clock, P. M.

Monday morning, 24th, patient had slept quietly and felt better till one o'clock, A. M., when she commenced vomiting, and continued to do so occasionally till morning. Pulse eighty, skin somewhat moist; bowels moved two or three times during the night; continued Dover's powders. Eight P. M., more feverish and restless; continue powders, with one full dose of morphine.

Sunday morning, 25th, condition unchanged. Eight P. M., pulse one hundred; full and hard; great thirst; very uneasy, cannot rest at all; gave small doses of calomel, opium, ipecac, and pulv. digitalis, every four hours. Sinapism to epigastrium.

Wednesday morning, 26th, no better; pulse ninety-six; pain in back and lower limbs; bowels still moving freely; becoming weaker every hour; great nervous irritability, and very impatient. Continue Dover's powders, with twenty minims tinct. castor ever four hours. Eight P. M., feels some better; skin moist, but very hot; tongue cleaner; continue same medicine, with bland milk diet.

Thursday morning, 27th, more comfortable; slept some during the night; four free evacuations from the bowels, offensive and dark in color; pulse one hundred, and full; no pain; some inclination to eat. As the diarrhœa returned every night, gave sulph. quinine, two grains, every four hours, with tinct. castor twenty-five minims, and pulv. Dover P. R. N. Sinapism to pit of stomach and extending downward to the abdomen; diet, flour porridge, and ice water for drink.

Friday, seven A. M., 28th, pulse seventy-six and soft; tongue cleaning; no evacuation since Saturday morning till daylight this morning; retained quinine, except one dose; complains of ringing in the ears; has had some sleep, and says it is the only rest she has had since her sickness; to take Dover's powders and digitalis every four hours, alternated with tinct. castor; diet to be more liberal.

Saturday morning, 29th, 8 o'clock. Improvement since yesterday morning; slept well during the night; bowels moved once this morning, with some pain; pulse ninety; some appetite; tongue whitish, with a moist coat; continue medicine.

Sunday, 8 A. M., 30th; bowels moved copiously twice this morning, which produced considerable debility; pulse ninety-six, and full; tongue moist, but coated and dark at the base; no pain; some rumbling in the right side of the abdomen; slept a little; to continue Dover's powders, with sinapism to bowels.

Monday, 31st, 7 A. M., pulse seventy-six; tongue looks better; bowels moved twice during the night; much debilitated from copious sweating, having slept very soundly; considered, on the whole, more comfortable; to take infusion serp. virginian. every two hours, with Dover's powders to control diarrhœa; to have nourishing soup. Nine P. M., has been feeble during the day; pulse at one time fell to sixty, and weak; tongue cleaning; one evacuation since noon; some inclined to eat; very drowsy, and if allowed to sleep too long will sweat profusely; much enfeebled in consequence; to have brandy and water with serp. virg. every two hours.

Tuesday, August 1st, 9 A. M., a little better; pulse eighty; tongue cleaning; some appetite, but still very sleepy; continue brandy, with sup. pulv. Dover, as required.

Wednesday, 2d, continues as yesterday; to take medicines as may be indicated.

Saturday, 5th, evening; had continued to improve from day to day, with no untowardly symptoms; about two o'clock this afternoon she became cold and had a chill; had sweating periods during the day, and could not endure contact with the air; gave quinine, two grains every three hours; to be kept warm.

Sunday, 6th, 8 A. M.; tongue coated; no appetite; very copious evacuations from bowels at two different times; at the suggestion of a consulting physician called in to-day, gave precipitated extract of bark in place of quinine,

which latter was not tolerated, and had not been at any time, in order to anticipate the return of another chill. This is the twenty-eighth day since the first chill at the commencement of the illness.

Monday, 7th; very comfortable on my call at 7 A. M.; no return of chills as yet; appetite returning; continue extract of bark, with good diet.

Tuesday, 8th; still feels better; pulse natural; continue bark.

Friday, 11th; able to ride out; at night complained of soreness in the left forearm, about middle, which continued unabated; applied fomentation of poppy leaves.

Monday, 14th; soreness has continued in the forearm as on Friday.

Tuesday, 15th; much better in every respect; no return of diarrhœa or chills for some days. From this date convalescence advanced rapidly. There was no return of the chills during the rest of the season.

Many would denominate the above case as one of typhoid fever, but there were lacking some important characteristics.

After the gastro-enteric condition set in there was still some effort at periodicity, especially at the third hebdomadal period on the 30th. The pulse, it will be seen, went above one hundred but once. The tongue was generally moist. There was an intolerance of quinine after Friday, 28th of July, it causing ringing in the ears, and very unpleasant effects upon the nervous system. For about twelve days she was exceedingly excitable and impatient. Temporizing and palliative treatment only was admissible.

On reviewing the notes of this case after so many years, and calling to mind the peculiar features not recorded at the time, it appears that the case was an undefined intermittent during the period previous to taking the cathartic pills, and, with proper treatment at first, might have been cured at once. The pills of both kinds induced an irritation of the stomach, but more especially of the duodenum, and perhaps ileum. The local affection, together with the malarial poison, induced mental disturbance almost equivalent to delirium. At times it was very trying to all who had her in charge, to produce any degree of quiet, and the tincture of castor was the only agent which appeared at all effective.

The bromides had not at that time come into general use, but it is questionable whether bromide potassium would have been admissible. Many, with myself among the number, may be disposed to criticise the treatment, but it is given as noted down. The main object is to present the symptoms as they occurred from week to week. There appeared to be an antagonism between a simple intermittent and a continued type. The continued status was pretty well maintained during the last fourteen days, and during this period the healing process in the gastro-enteric mucous coats was accomplished, the occasion for continuous symptoms no longer obtained, and then the original intermittent was predominant, showing itself by the chill on the twenty-eighth day, which was so readily suspended by the extract of bark.

That ulceration of the glands of Peyer existed, it is not supposed, but there was a condition of extreme excitement, if not inflammation. In epidemics of enteric fever we will often meet with cases where undue medication by cathartics will aggravate the local disease of the intestines, and render a mild type one of a grave character.

Pure intermittents are considered a result of miasmatic poison acting primarily upon the nervous centres. There is not any lesion of structure, and consequently a complete intermission of febrile excitement is admissible, and a stated return of the exacerbation is as sure to occur, as was the apyrexial period.

But, let any extraneous cause operate to produce structural or severe functional lesion, and we have a train of symptoms more or less continuous.

Much injury results from the injudicious swallowing of purgative medicines. Whether given by medical men, or home-advised, the effect is similar, viz., a traumatic condition, or rather a toxical one. Nosological classification is out of the question, and the treatment is expectant, with remedies pro re nata.

OVULATION AND MENSTRUATION.

BY EMIL HENKE, M. D.,
Of Missoula, Montana.

Dr. Alfred Meadows, of London, points out, in an interesting paper on the "Physiology and Pathology of the Ovaries" (*American Journal of Obstetrics*, August, 1873), that without a correct appreciation of the physiological functions of the ovaries, we will not be able to make a marked progress in the diagnosis and treatment of the diseases of an organ which seems to be

at the bottom of much of the suffering of women. In a neat and concise summary the author reviews what is known of the arterial, venous, and nervous connex of the glands in question, and entered into some useful speculations relating to the anatomical facts. The more we were pleased with this *resumé* of Dr. Meadows, the less comprehensible seemed to us his absolute one-sidedness regarding menstruation. The author disregards entirely what has been said against his very starting point, that "without ovulation there is no menstruation;" he repeats this axiom on divers occasions, as if it were a truism beyond the shadow of a doubt. Yet there is perhaps no single physiological hypothesis less proven than the absolute connection of menstruation with ovulation, and but few against which a larger array of facts can be brought to bear. Should this be experimentally disproven, our views of ovarian functions in health and disease would be materially changed.

Comparative physiology shows the uterus to be an organ unnecessary for reproduction; fecundation, even, need not be accomplished within the parent animal. Even in the higher animals development of an ovum takes place without the womb, which is proven by the many lamentable cases of extra-uterine gestation. The fœtal development of the uterus and the ovaries proceeds from different centres; the ovarian stroma is derived from the Wolffian bodies, whilst the uterus is formed by the ducts of Müller. These considerations alone would point to the conclusion that a uterus is not simply an appendix to the ovaries, but an independent organ, with its own laws of formation, activity, and functions. As regards menstruation, it has been proven by a number of observers (Spencer, Wells, Atlee, Storer, Le Fort) to occur regularly after double ovariotomy. This fact has, to the writer, been conclusive that menstruation has no, or only an accidental, relation to ovulation.

As this matter is, without doubt, a vital one in pathology, and to the practitioner of manifold interest, let us review some of the more formidable opinions in recent literature, which may throw enough light upon the subject to enable any one to come to right conclusions.

Sigismund (*Berl. Kl. W.* 52, 1872) reasons that during each menstruation the epithelium of the womb is lost, whilst it is absolutely required as the decidua of the fecundated ovum; it would be strange that this most necessary adjunct to the earliest intra-uterine development of the ovum should be lost during ovulation. He comes to the conclusion that menstruation is a sign, either of the destruction of an ovum with its adnexes, in fact an abortus, or that it signifies the physiological destruction of part of the uterine mucous tissue, which has become unnecessary, as there is no fecundated ovum present for which it could act as a nidus. Kundrart and Engelmann (*Wien. Med. Jahrb.* 1872), who have enjoyed large opportunities of post-mortem observations, state that the uterine mucous membrane, before the advent of the period, grows gradually to hypertrophy, which is at its maximum at the time of menstruation; then, and for a time after, the cells are clouded, contain fat granules, without undergoing decided fatty degeneration. The cells of all the uterine tissues are enlarged, the uterine glands from two to fourfold. This beginning of fat metamorphosis is not a consequence of the bleeding, but the destruction of the form elements, and leads to minute excoriations and to capillary hemorrhage. These investigators come to the conclusions of Lövenhorst, that the fecundated ovum does not belong to the last menstruation, but to the first of pregnancy, before which the nutrition of the form elements is so amended that hemorrhage is, as a rule, prevented.

Beigel (*Wien. Med. W.* 27–30, 1873), and Prof. Camillo Versari (*R Raccoglitore Med.*, June, 1873), both deny a connection between menstruation and ovulation. Versari reviews the question in an elaborate manner; the following are the more important points in his essay.

Menstruation is a mere function of the womb. The beginning as well as the cessation of the period is marked by changes in the organism unconnected with the ovaries; girls have borne children at an early age (nine years; Schmitt), and before their menstruation; old women, whose ovaries were retrograde, and whose Fallopian tubes were impervious, have again menstruated.

(*Remark.*—That vicarious menstruation may follow long after the cessation of the menses, has recently been shown by an interesting case reported by Tueffard (*L'Union*, 142, 1872); a woman, aged fifty-six, menstruated last at the age of fifty; in December, 1871, her breasts swelled and began to bleed for eight days, and continued so regularly every month; during the intervening three weeks her breasts were normal.—H.)

The quantity of the menstrual blood cannot be a consequence of the dehiscence of a Graafian follicle; in old age, when ovulation is either nil or at least lessened, menstruation is often profuse.

Ashwell reported a post-mortem examination of a menstruation without ovulation. Paget and Carus found menstruation in entirely undeveloped girls. Negrier, Bischoff, Coste and others found developed Graafian follicles in the newly born, and in the fœtus, even. Ovulation occurs in animals without menstruation.

There are about twenty follicles in each ovary; should one ripe one discharge its ovum at each menstrual epoch, three hundred, or even more, would be required.

Versari points out the mechanism of menstruation observed by him and Morgagni in cases of complete prolapse of the uterus; he defines it similar to Kundrart and Englemann, as already explained.

To him vicarious menstruation seems to point to a general venous hyperæmia at the time of the period; the blue rings and dark eyelids observed in so many women at that time strengthen that view; at least this could have no connection with the ovaries.

Women have borne a number of children without having ever menstruated. G. Zimmermann states that in Brazil many women never menstruate; so also in Greenland, Lapland, and among some tribes of Indians.

During pregnancy and lactation menstruation ceases, the blood being otherwise appropriated. But if menstruation happens during these times, post-mortem examinations by Kussmaul, Kiwisch, and Virchow have shown that no recent Graafian follicle or corpus luteum was present.

Versari should have enlarged, in this connection, upon superfœtation, which clearly points to ovulation during pregnancy and without menstruation.

Versari speaks of the action of emmenagoga which produce an erethism in the uterine vasomotor nerves, rectum and other organs, and often regulate the menses effectually.

Whilst the cessation of the secretion of semen in men, the vanishing of the thymus gland, of the Wolffian bodies, and the extirpation of vital organs is without serious consequences, so also should be the retrograde metamorphosis of the ovaries; most probably it is; yet the cessation of the menstrual discharge is often followed by pathological consequences akin to those consequent upon the cessation of hæmorrhoidal discharges in men.

Double ovariotomy has not been a bar to menstruation; a number of such cases have been recorded by Peán, Delstanche, Nélaton, Bryant, Koeberlet, Spencer, Wells, and others. Morgagni gives a case where ovulation was impossible in consequence of absence of both ovaries, and Ruggi one in consequence of disease of both glands; but menstruation was regular, nevertheless.

In connection with the above, attention should also be directed to the fact that the dehiscence of a Graafian follicle, no matter if it is followed by the formation of a true or a false corpus luteum, is finally marked by an indelible cicatrix; the number of cicatrices found in a not already retrograde ovarium will, therefore, correspond with the number of follicles ruptured and the number of ovulations during life. That there should be a difference in the number of ovulations in different individuals is not to be doubted. Thomas ("Diseases of Women," p. 627) gives a table from Henning, who made numerous examinations in point. In children Henning found no cicatrices; in virgins fifteen; in a widow twenty-four in the right, twenty-six in the left ovary; at the menopause fifteen right, twenty-four left; and in old age fourteen right and eleven left; showing that after the change of life the cicatrices, together with the glandular substance, retrograde. The highest number of cicatrices found was fifty, which, according to received opinions, would correspond to a menstrual activity of but little over four years!

The hypothesis, "Without ovulation no menstruation," appears very much weakened indeed through such ponderous facts. To us this seems not only useful physiologically, but also in a pathological point of view. The vague idea of the intimate connection of both hinders us from appreciating the important fact that the mucous tissue of the uterus desquamates periodically in consequence of a physiological metamorphosis of its cells. The cessation of menstruation points to changes in nutrition (innervation), in consequence either of pregnancy or of general or local disease. If the normal uterine mucosa comes in contact with a healthy growing cell, an ovum, it seems to act much like granulations, which also cease to degenerate when brought in contact with a mass of healthy dermic cells; these latter (we see it in skin-grafting) soon begin to grow; the granulations cease to form pus, and

become rapidly covered with epithelium. So the uterine mucosa develops under the stimulus of the growing ovum in the decidua, if it has not already too far degenerated to form a healthy nidus.

CEREBRAL ORIGIN OF SOME CASES OF THORACIC DISEASE.

BY SUMNER RHOADES, M. D.,
Of Syracuse, N. Y.

In illustration of the idea in the caption chosen for this article, I present the case of Henry H. Green, son of the late General John A. Green.

The 24th of August, 1872, Henry came to me for professional advice. He was then eighteen years old, six feet and four inches in height, of florid complexion, and of fair muscular development. He had recently left school, and was assistant book-keeper in the wholesale grocery store of his uncle. He had indigestion and a slight cough, but the prominent symptoms were those of nervous exhaustion. I prescribed some nervous tonics, and fewer hours of labor. The 2d of September I advised him to leave work for a time, and to go into the country. He went up to the high grounds of the town of Pompey, and there rapidly recruited. In a few weeks he gained ten pounds in weight.

After his return to the city he boarded with his uncle, and presently came under the care of his uncle's family physician, Dr. Wm. A. Hawley, a very excellent, careful man, a homœopathist. He continued to attend to his duties at the store, and to look to Dr. Hawley for medical treatment, until July, 1873, when he went, for his health, to visit a relative living in Princeton, Ill. He there placed himself under the care of Dr. G. W. Crosby. At his suggestion he went to Chicago, and consulted separately Dr. N. S. Davis and Dr. J. V. Ross. Their letters of opinions and advice to Dr. Crosby are now before me. They agreed substantially in their diagnosis of pleurisy, with effusion filling entirely the left pleural cavity, and of the completely collapsed condition of the left lung. They advised a succession of blisters, with the free use of iodide of potassium, and other diuretics. Their prescriptions were carried out by Dr. Crosby with such success, that in December last Henry wrote to his uncle in Syracuse, assuring him of his ability and desire to resume work in his store.

About the first of January he came home. He soon called on me, not for advice, but to post me as to his experience under the care of Dr. Hawley and Dr. Crosby, and to say that he would in future look to me when in need of treatment. At that time I carefully examined his lungs. The right one was entirely sound. The left was completely collapsed, no air entering it, but the effusion had disappeared. I cautioned him to begin work very moderately.

From February 15th to 20th, inclusive, Henry came daily, for advice, to my office. He then complained of headache, loss of appetite, debility, occasional retching, drowsiness, coldness the most of the time, but a febrile paroxysm each afternoon, great difficulty each morning in assuming at first the erect posture, because of vertigo, a peculiar feebleness and unsteadiness of gait, which lasted all day, and a sensation as though the right lung was rolling about loose in its cavity. While he was thus visiting me, I was so impressed with the prominence of cerebral symptoms, and with the rapid sinking, that I expressed my fears to his relatives, and I sought and obtained from them some important particulars of his medical history. I learned that at birth, and all through childhood, his head was conspicuously large; that he had all through life been prone to drowsiness, falling asleep under most unusual circumstances; and that his father, in his lifetime, had often said to him, "Henry, why don't you lift up your feet when you walk?"

From the 20th of February until his death on the 24th, I attended him at his home. He had no cough and no expectoration. I examined his chest carefully on the 22d. The right lung was perfectly sound. The left was completely solidified. The last thirty hours of life he was unconscious, the pupils were dilated, and his breathing stertorous.

The true theory of this case seems to be that there was congenital disease of brain, located in the central and lower portions of that organ; that the brain disease caused, through faulty innervation, the collapse of the left lung; and that when the brain disease had extended so far as to interfere with the functions of the right par vagum, life was thereby quickly destroyed. Had there been tubercles in the left lung, as Dr. Davis had feared, there would probably have been, before death, symptoms of their suppuration and of their extension to the right lung. Had the case been one of ordinary pleurisy with

effusion, absorption of the fluid would have been followed by resumption of duty by the left lung, and Dr. Ross' hope of complete recovery might have been realized.

Henry's parents were first cousins. He leaves one brother older and one brother and two sisters younger than himself, all in good health and of good constitutions.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK—CLINIC ON DISEASES OF WOMEN.

BY PROFESSOR T. G. THOMAS.

Vesico-Vaginal Fistula—Imperforate Urethra.

GENTLEMEN:—The first case I will show you to-day will be one of vesico-vaginal fistula. The patient is Mrs. H., aged thirty years. Youngest child is two years old. The symptoms she complains of are incontinence of urine and weakness in the back. She has had five children, but the last one was one of instrumental delivery.

Vaginal Examination.—When the patient is exposed the thighs are found to be excoriated, from the constant action of the urine. When the speculum is introduced a small red surface, about an inch in diameter, is discovered below the os uteri anteriorly. In the examination of this case with Sims' speculum considerable trouble was met with in exposing the site of the disease, as the patient weighs over two hundred pounds. The question which comes up is whether this is or is not the anterior wall of the bladder pressing forward through a vesico-vaginal fistula. A suggestion that would occur to almost any one would be to introduce a sound into the urethra, and then we could see whether or not it would pass into this suspected fistula, but the trouble is that the urethra is not pervious. There is one way of utilizing this great excess of adipose tissue in a patient, in respect to vaginal examination, and that is to place the patient on her knees and chest, not on her hands and knees. By this method the excessive weight acts by its force of gravity and distends the vagina. The anterior wall of the bladder is also thrown forward, and then there can be no doubt in respect to the diagnosis of the case.

The cause of the fistula, in all probability, was due to the head of the child pressing upon the vagina and bladder, and resulting in a slough. It was not the result of the use of the forceps. If the forceps had been used earlier, the chances are that we would not have had this trouble. When to apply the forceps is a difficult matter to decide on, and requires the cautious judgment of the obstetrician to guard against their too early or too late use.

Treatment.—There are two things to be done to this patient; one is to close up the vesico-vaginal fistula, and the other to open the urethra. The urethra can be opened by piercing with a sharp-pointed bistoury, or by cutting with a scissors. A catheter is then inserted and allowed to remain until the cut surface has healed around it. In regard to the repair of the fistula, it is an operation which any one of the class here might do with ease after having had some suggestions as how to proceed. The most important thing to do before commencing the operation is to thoroughly expose the fistula. Do not try to work in the dark. If you can't see what you are about do nothing. If the side position does not gives you the requisite light, place the patient on her chest and knees. This position will seldom fail to reveal fully the extent of the disease. When the case is plainly before you, take up the edge of the fistula with a tenaculum or forceps, and pare it around. Silver sutures are then inserted, and the edges brought together. The frequency of the sutures are from four to five to the inch. They remain in for about a week, when union is usually established, if it is going to be.

Ovarian Dysmenorrhœa.

Mrs. B., aged thirty years, one child, twelve years old, suffers from pain in back and side, with severe pain at her monthly periods. Has also considerable pain, which, from her description, is rectal tenesmus. The dysmenorrhœa in this case, though not uncommon, differs considerably from that met with usually. It comes on before the discharge of blood takes place, and is apparently relieved by the flow. This, at first, seems strange, and appears to be a contradiction, but it is not so; the cause of the dysmenorrhœa is outside the uterus. The patient says, moreover, that this pain sometimes attacks her between the periods, and moreover, feels worse in the morning. She has also a leucorrhœa. One of my assistants first examined her, but the examination causing nausea, he abandoned it. After rallying she was again examined, and a small tumor was found at the side of the uterus. It resembled a fibroid, but from the peculiar pain which resulted from the examination, there can be but little doubt but that it is an ovary. The periodic pain that the patient complains of is due to ovulation, and not, as we usually find, to menstruation. The ovary is itself in a state of chronic inflammation and displacement.

Treatment.—Nothing can be more unsatisfactory than the charge of a case like this; practically no benefit can be hoped for from medicine, yet some treatment must be had recourse to for its influence on the mind of the patient. The uterine catarrh is secondary. The rectal tenesmus is caused by the hard fæces in the rectum pressing on the displaced ovary.

It might be well to order the roof of the pelvis to be painted once a week with the tincture of iodine, though we can only expect but very little benefit.

When the patient ceases to menstruate, her trouble will, in a great part, cease.

Some time ago I had a case in the Woman's

Hospital, where the patient had not been able to walk in five or seven years. I removed both ovaries by the vagina, and after the operation she was very much improved. That was a severe and nearly hopeless case; much more so than the one before us.

False Pregnancy.

Mrs. M., aged forty years, has five children, the youngest being two years old. The patient comes here to get an opinion as to whether or not she is pregnant. Her own opinion was that she was in the family way; that she even felt the motions of the child. If this happened in a woman who never was pregnant it would not be so astonishing, but this patient has borne five children.

In examining a patient by palpation through the abdominal walls, the best method is to press firmly down on the region immediately over the uterus; with each expiration you get lower and lower down, until gradually you reach the uterus itself. In this way you can best decide whether it is tympanites or an enlarged uterus that causes the swelling. In the case before us it is tympanites; and, moreover, the patient has reached the menopause. After twenty years' experience, I do not think I have met any class of cases that have been so puzzling or have given me so much trouble. In many medical cases the diagnosis is never verified, but in these we are sure to know eventually, and it is judicious to be excessively careful in the prognosis. On one occasion a judge of a criminal court sent me a woman to get an opinion as to her supposed pregnancy. I sent the case back with the information that I could not tell whether or not she was pregnant. Until two and a half or three months it is nearly impossible to make it out for certain, without endangering the woman or evacuating the contents of the uterus. At the menopause women are inclined to obesity. Sometimes four inches of fat is found on the abdominal walls, and every woman who thinks she is pregnant thinks she feels fœtal movements.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

DR. AUSTIN FLINT, PRESIDENT.—MARCH 5th, 1874.

Therapeutic Uses of Bromide of Potassium in Children.

BY DR. J. LEWIS SMITH.

When a new remedy is introduced to the profession, too much is usually expected from it. As a result we have a reaction setting in against it, and it is only after some years that we are able to appreciate its true value. This has been the case with bromide of potassium. Experiments on animals, as well as clinical experience, has pointed out two main effects from this agent.

First.—The contraction of the arterioles and venules.

Second.—The diminution of reflex irritation.

It has the great advantage of not being poisonous in a large dose, even to the youngest. Though when it is continued we have a class of symptoms developed which are known as *Bromism*. Thus given to children, stomatitis, gastritis and gastro-enteritis have been caused, but they are transient, and by no means of a severe type. It may possibly be that the cause of this irritation is due to some impurities which the bromide contains, as the chlorides and sulphates have been detected in some specimens. If the patient has some derangement of the alimentary canal, it might be prudent to withhold it, or, if necessary to administer it, use the mucilaginous drinks as menstrua.

Bromide of potassium is eliminated by the kidneys and the skin; mainly by the kidneys. But even by both these channels the amount excreted is in small proportion to the quantity administered.

When it has been used for some time, its after effects are brought out, such as carbuncles and cutaneous lesions, due, in all probability, to its excretion by the skin. These unpleasant results are, however, temporary.

Sir James Young Simpson held that the bromide was a tonic, but this view has not been sustained by the profession at large. When given in large and repeated doses, bromism is produced. This is manifested by vertigo, dilated pupils, muscular debility, and a condition of reeling, as if the patient was drunk. It has been used in the inebriate asylum, and it has been found that one-drachm doses, given for a week, caused in the patient a want of coördination in the muscles of the lower extremities. There is a case on record, also, where four grains caused numbness of the muscles of the extremities. When given in solution it is readily absorbed, and sometimes we have the satisfaction of seeing its effects before we leave the bedside of the patient.

In infantile convulsions it is superior to any remedy we possess; more certain than assafœdita, and not so dangerous as hydrate of chloral. Over chloral it has another advantage; it does not stupefy the patient.

I present two or three cases of infantile convulsions, showing the effect of the bromide:—

Was called to see Mrs. F.'s child, with convulsions on the right side. After two doses of four grains each the convulsions ceased. Next day had two slight convulsions, but none subsequent.

Another case, a child, was seized by convulsions shortly after delivery. During labor the head had been injured by the forceps. Two grains were given every three hours. After the third dose convulsions ceased.

In another case convulsions supervened after delivery by podalic version; three-fourths of a grain every three hours; after the third dose the convulsions ceased.

This remedy also lessens the irritation of children, and in dentition its use frequently obviates the necessity of the gum lancet. Again,

in whooping cough, and severe cases of eruptive fever, where there is a tendency to reflex irritation, it is especially serviceable.

From its effect on the sexual organs it is indicated in nocturnal emissions, and in boys who practice masturbation. In incipient meningitis it is about the only remedy that promises anything like relief.

In epilepsy of infancy and childhood it proves of more advantage than it does in maturer years, from the fact that it is given at the outset of the disease.

Begbie says that he has found it of advantage in croup.

Reynolds advises it in night terrors, and for somnambulists, as a calmative to the nervous system.

Dr. E. R. Squibb, of Brooklyn, rose and said, that in the treatment of epilepsy usually a large enough dose is not administered. Bromism should be reached, and to cause bromism, the amount varies with different constitutions. Again, when the effect of the bromide is reached, it must be persevered in. The want of attention to these two circumstances accounts for much of the want of success in the treatment of epileptics. Forty-five grains three times a day will, in ten or fifteen days, usually cause bromism.

As an immediate effect we may detect but little change, whereas, after three or six months the patient may be very much relieved.

In one case the bromide was given for three years before the patient was decidedly benefited. Other cases required a year and eighteen months to effect improvement.

The disagreeable taste of the remedy may be much lessened by administering it to the patient in a draught of ice water, the cold serving to dull the sensibilities of the taste.

Resolutions of sympathy were passed in respect to the late Dr. Sewell, formerly a fellow of the Academy.

SHELBY CO., OHIO, MEDICAL SOCIETY.

On the fifth of February, 1874, this Society was reorganized. A Constitution and By-laws were adopted, and such other business transacted as seemed necessary for the good of the Society. We would call attention to the following article of their By-laws:—

"No member of this Society shall admit to his office any person as a Student of Medicine, until such person shall have appeared before a committee of three, appointed by the President of this Society, and to it have given satisfactory evidence of good moral character, and sufficient literary and intellectual attainments. Upon the recommendation of the Committee the Student is admitted by majority vote of the Society."

Sessions of this Society will be held on the first Thursday of each month. The following officers were elected:—

President.—Dr. Conklin.
Vice President.—Dr. Cowan.
Secretary.—Dr. Silver.
Treasurer.—Dr. Wilson.

SIDNEY, O., March 5th, 1874.

At a meeting of the Shelby County, Ohio, Medical Society, held to-day, there appeared a committe of ladies from the "Woman's Temperance League," of this place, asking an expression of the Society in regard to the "Temperance Cause," which is now occupying so large a share of public attention, especially in Southern Ohio. The following resolutions were then adopted, by a unanimous vote of the Society:—

Whereas, we believe that the use of alcoholic and fermented liquors, as a beverage, is productive of a large proportion of human misery, including poverty, crime, and disease; therefore,

Resolved, That we hereby express our sympathy with the present temperance movement, and we agree to aid in the good work by our efforts and influence, as citizens and physicians, and further, that we subscribe heartily to the following pledge:—

We, the members of Shelby County Medical Society, promise, upon our honor as professional men, to prescribe spirituous liquors, wine, beer, or ale, only in cases in which we deem it essentially necessary as a medicine.

H. S. CONKLIN, M. D., *President.*
D. R. SILVER, M. D., *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

The True Nature of Propylamine.

A prevalent error on this subject is corrected in the Dublin *Journal of Medical Science*, by Dr. Walter George Smith. He warns against mistaking identity of *composition* for similarity of *constitution*. So far back as 1817 it was announced that the fœtid odor of *chenopodium vulvaria*, a British plant, commonly known as stinking goosefoot, was due to the presence of a volatile ammoniacal compound ready formed, the first example of a free alkali in the vegetable kingdom. More than thirty years subsequently (1851) it was shown that the same volatile base existed in many other plants, and in various animals (maybug), its most abundant source being herring brine, and it was at first identified with the chemical compound propylamine, *i. e.*,

propyl-ammonia. For years this was generally accepted, and the drug was introduced into medicine under that name by Dr. Awenarius, of St. Petersburg, in the treatment of rheumatism more especially. Even in the last edition (1865) of Guibert's excellent History of "New Remedies," this substance is treated of under the erroneous title of propylamine. But it has been known for some years (1862) that true propylamine has a different origin, and exhibits widely different properties, and it has been proved that the so-called propylamine of commerce, obtained from cod-liver oil, herring brine, ergot, etc., is in reality trimethylamine, with which it is isomeric.

The ultimate composition of these bodies is $C_3 H_9 N$, but, of course, this formula in itself teaches us little, and we now know that there are at least three different bodies which own this empirical formula, and yet are totally distinct from each other. These bodies are,

$C_3 H_7'$, H, H } N—A primary amine = true propylamine.*

$C H_3'$, $C_2 H_5'$, H } N—A secondary amine = methyl-ethyl-amine, and,

$C H_3'$, $C H_2'$, $C H_3'$ } N—A tertiary amine = trimethylamine.

We should remember, then, that as yet there is no such thing as real propylamine used in medicine, and what is styled so is undoubtedly trimethylamine.

The boiling point alone will distinguish trimethylamine from propylamine, for the former boils at 40° F., and the latter at 121°. The dose of trimethylamine is 20 m and upwards. It may be said, what is the use of this dissection of formulæ, this contention about names; let chemists fight their own battles. To this I would answer, not only is the confusion of names mischievous, but the properties are different.

Bromide of Potassium in Gonorrhœa.

Dr. John W. Bligh, in the *Practitioner*, gives the following directions:—As soon as a patient complains of gonorrhœa, the bromide of potassium should be immediately commenced, and continued throughout the duration of the disease. As it is said to increase the acidity of the urine, a condition not at all desirable, some alkaline bicarbonate should be combined with it, to counteract this tendency. The following formula has been found useful:—

℞		
	Potassæ bicarbonatis	gr.lx
	Pottassii bromidi	gr.xc–cxx
	Tincturæ hyoscyami	fl.℥ss
	Aquæ camphoræ	fl.℥vss

Mis. fiat mistura.

One-sixth part of this mixture to be taken three times a day, and once during the night, should the patient happen to be awake.

Care should be taken not to administer a dose whilst a meal is in process of digestion in the stomach, as it may, by neutralizing the gastric juice, interfere with the conversion of the food into chyme.

If the disease is in the first stage, an injection of the salt is ordered and recommended to be used as frequently as opportunities allow. The following is the usual form and strength in which I employ it:—

℞		
	Potassii bromidi	gr.cxx
	Glycerinæ	fl.℥ss
	Aquæ destillatæ	fl.℥vss

Mis. fiat injectio.

One syringeful to be used every four hours.

When the discharge has assumed the form of gleet, a similar injection, associated or not, as may be thought advisable, with some astringent, will be found useful. In addition, I am accustomed to administer, during this latter stage, from fifteen to twenty grain doses, three times a day, combined with fifteen minims of the tincture of the perchloride of iron, and dissolved in some suitable menstruum.

There are certain accessories which should not be neglected in this, any more than in any other plan of treatment. The bowels should be carefully regulated, the proper diet prescribed, and a total abstinence from beer and other stimulants insisted on. Rest should be enjoined, and over-exertion strictly avoided. The testicles should be supported by a suspensory bandage, and the genitals bathed from time to time, especially before retiring to rest. The flow of urine may be increased by the free use of diluents, as linseed tea, barley water, etc.

Sulphate of Quinine in Uterine Hemorrhage

Dr. Bonqué in the *Presse Médicale*, of Belgium, as quoted in the *Medical Press and Circular*, says:—

For two years past I have frequently employed the sulphate of quinine, both in cases of uterine hemorrhage and in hæmoptysis, as also in the early stages of retinitis. In both of these cases, if the theory of Dr. Monteverdi were true, I ought to see, under the influence of excitation by the sulphate of quinine, those muscular fibres which lie in the walls of the vessels contract and diminish the afflux of blood. In cases of hemorrhage, the loss of blood ought to lessen and cease; in cases of retinitis, the vessels should contract, the hyperæmia diminish, and the serous transudation diminish.

I have conscientiously studied the facts which have passed before my eyes in great numbers, as well in my own practice as in the ophthalmological clinique, and I believe that I can say that they have fully justified the assertions of the Italian physician. I have published some of these facts; and might have published more, but thought it useless to fatigue the reader's attention by almost identical observations.

* There is also iso-propylamine known.

With regard to uterine hemorrhage, the action of sulphate of quinine rises in my eyes to the height of an axiom. In a crowd of cases, I have in a few hours arrested losses which even presented a disquieting character. And I wish it to be noticed that I employed no other remedy which might have aided the action of the quinine. In most cases I permitted the women to go on with their usual avocations.

It is known that at the menopause menstruation often takes on a hemorrhagic character. Some ladies among my patients are at this age, and have recourse to my advice, either when the flow becomes too abundant, or when it lasts too long. In all such cases I prescribe 1·25 grammes of sulphate of quinine, in fifteen pills, to be taken at hourly intervals.

I have carefully interrogated all these persons, for I mistrust the therapeutic illusions both of patients and physicians. But they are unanimous in declaring that the flow of blood diminishes in intensity after taking a few pills; this diminution becoming more and more marked until the hemorrhage completely ceases. The action of the sulphate of quinine is thus felt at once. I have always seen it to be powerful and decisive.

New Operation for Cleft in the Hard Palate.

The following operation is practiced in King's College Hospital, by Sir Wm. Fergusson. We quote it from the *Lancet*:—

The first steps of this operation are somewhat similar to the old operation for closing the cleft in the hard palate, namely, paring the edges of the cleft, and making an incision down to the bone, parallel to, and about a quarter of an inch from, the edge of the cleft on either side, the point of the knife being carried back just as far as the junction between the hard and soft palate. Into these incisions a chisel half an inch broad is inserted, and its edge directed against the posterior margin of the hard palate, and made to cut from behind forward, thus partly detaching a slice of bone on each side, with the soft tissues and periosteum attached to their upper and lower surfaces. The result of this is that the sides of the cleft fall easily together, leaving a small aperture through the bone on either side. One, two, or, if the fissure be long, three stitches are passed through the lateral clefts by means of an ordinary aneurism-needle, and thus encircle the detached portions of bone and soft tissue, each suture passing through into the nasal cavity. It should be noted that there is no tension on the flaps, the threads merely keeping the parts steadily in contact. The amount of pain and constitutional disturbance is much less marked in the patients that have been treated in this way than when the old operation of dissecting up the soft parts from the bone has been resorted to.

From the liability of the flaps to twist in slightly, and from the thinness of the edge, Sir William Fergusson is careful to pare the sides somewhat obliquely, in order to present wider raw surface for adhesion. The sutures, which are kept in much longer than in the ordinary operation, cause no harmful irritation. The lateral clefts become filled up by new bone, which is rapidly thrown out, and tends to keep the parts firmly united in the median line.

The first case in which the operation was performed was that of a girl aged eighteen, whose soft palate had been closed two years ago, and whose hard palate had been operated on by the old method three times, but unsuccessfully, except that the gap was somewhat lessened in size. Before the operation by the above plan, on November 22d, 1873, the cleft was half an inch long and a quarter of an inch wide. Two sutures were introduced, and were removed in seven days. She was discharged at the end of the third week, with firm union of the whole palate in the median line, and the lateral clefts closed.

The Radical Cure of Varicose Veins by Injecting Chloral Hydrate.

The London *Medical Record* quotes from Professor Porta the observations he has made on the coagulant property of hydrate of chloral, and especially of its use in the treatment of varix.

He reports fifteen cases of varix of the leg treated successfully by the subcutaneous injection of hydrate of chloral, beginning with a gramme, and then reducing the dose to a half or a third of a gramme. The coagula are formed at once, and the patient is confined for a few days to bed, to obviate the risk of phlebitis. The coagula ultimately are absorbed, and the veins become atrophied, or remain pervious, though not varicose.

The accidents which may occur are the following. The thrombus may soften; but this only impedes the cure for a time. Phlebitis may occur; but it is slight, and disappears in a few days. Very limited suppuration may take place; it does not delay the cure, and perhaps depends on the escape of a small quantity of the chloral into the connective tissue. This may be prevented by drawing up the piston before withdrawing the needle. Circumscribed sloughing of small portions of the skin has been observed in old subjects, probably also from escape of the chloral into the connective tissue. Professor Porta thinks it probable that this mode of treatment will be found applicable also to varicocele (of which he has had a successful case), of various subcutaneous nævi, aneurismal varix, and hæmorrhoids.

The operation is performed by inserting the point of the needle in the largest knots of the varicose zigzag, the patient standing so as to increase the tension. Slight phlebitis, abscess and sloughing may follow, but the complications are always local and the result always successful. Dr. Valeriani says that any new method tried for the cure of varix should be free from danger, either immediate or remote, easy of application, and fairly constant in result. All these conditions are present in the treatment proposed by Porta.

The Therapeutical Value of Bromide of Potassium.

This question has been discussed at length by Dr. Anstie, Dr. Binz, Dr. Begbie, and others, in a recent number of the London *Practitioner*. The value of it in epilepsy seems well demonstrated, though it fails not unfrequently. Its general uses are summed up by Dr. Begbie, writing to Dr. Anstie:—

In the sleeplessness which precedes mental shock, as is occasioned by long-continued mental strain or by worry, the bromide of potassium in full dose is oftentimes singularly efficacious, not only procuring much-needed sleep, but tranquilizing the whole nervous system, and rendering the individual, otherwise quite unfit, capable of mental exertion.

I have repeatedly prescribed the remedy with the happiest results in cases of insomnia accompanied by general restlessness and incapacity for exertion, consequent upon long-sustained mental effort with anxiety in professional men, and on prolonged devotion to business in persons following different kinds of mercantile pursuits, in whom rest, change of air and scene, the most careful attention to diet and regimen, including treatment in hydropathic establishments, and the use of other drugs, had entirely failed to produce any good result. I do not affirm that the bromide of potassium always succeeds, or that it has always succeeded in such cases. I entirely concur in your observation that the insomnia of aged persons is apt to be aggravated by the bromide of potassium, although I have not found it to be always so, as your experience appears to have been. Whether the theory be correct or not, I have for a considerable time avoided the use of bromide of potassium in old people whose vessels were evidently the seat of general atheromatous degeneration, but have prescribed it in the insomnia of the aged when this morbid condition of the vascular system was not conspicuous.

A further and most important use of bromide of potassium is as an adjunct to chloral. I have found twenty grains of the former, in the first place, to be set against their potency, not unmixed as that potency is with injury or even danger. It is also valuable in the insomnia of alcoholism.

The Nature of Cancer.

Mr. DeMorgan lately maintained the following theses regarding cancer, before the London Pathological Society:—

That the disease, while presenting certain special characters, does not differ essentially in its mode of origin from many or most other morbid growths.

That there is no evidence of the disease being caused by, or dependent on, a special condition of either the fluid or solid portions of the blood.

That while the actual growth is local in its origin, there may be, and possibly always is, an antecedent of the part or of the system which favors its production.

That possibly the germs of the disease may be present from the earliest period of development.

That before a tumor is formed we have no reason to suspect or anticipate the occurrence of the disease, unless, as at times is the case, some local condition be present, which we recognize as often preceding the development of cancer.

That when a tumor is formed we can explain its spread and recurrence without reference to an antecedent diseased condition of either the fluids or solids of the body.

That the structure of cancer specially favors this recurrence; but that most morbid growths show more or less of the same tendency, and some to as great or greater extent than so-called cancer.

That if a special state of the blood be a factor in the formation of cancer, we must also believe it to be so in most or all tumors.

That development of local disease, determined by an antecedent condition of the system, is seen in the simplest forms of tumor, as warts, for example, and may be merely in obedience to the same law which governs the bodily and mental configuration of the individual.

That the fact of retrogression of cancer, while it gives a hope that in discovering its cause we may find a remedy for the disease, does not prove a special blood origin of the disease any more than would a local degeneration of a natural tissue. This is borne out by the fact sometimes seen of retrogression of cancer growth in one part, while in other parts active growth goes on.

The Value of Paracentesis Thoracis.

In the *Lyon Medical*, Dr. Laure states his opinion that it is unjust to attribute the increased mortality from pleurisy, recorded of late, to the employment of thoracentesis. The cases require a more minute examination than they have received, especially in presence of the greater attention that has been paid to the disease of late. There can be no doubt that paracentesis is sometimes the means of saving the patient from sudden death, although in some cases the relief is not permanent. It would seem to be indicated under the following circumstances: 1. Whenever there is danger from asphyxia, whether this be caused by the abundance of the effusion or by some complication, as bronchitis, pulmonary œdema, etc. 2. In abundant effusions, which do not yield after some days of internal treatment. 3. In cases of latent pleurisy. 4. In purulent pleurisy of recent date. On the occasion of a second and succeeding punctures iodine should be here employed. 5. In purulent pleurisy, coming on suddenly after delivery, simple puncture is also inefficient, drainage and injections being required. M. Laure has not found aspiration of utility in serious effusions, but regards it as a valuable resource in purulent effusions, when medicinal injections are required. M. Meynet observed that acute pleurisy is very common

among children, and, although he has met with a great number of cases, he has never had to practice paracentesis. The absorption of the fluid, however abundant this may be, takes place in them with marvelous rapidity, a few blisters and diuretics being all that are required. Purulent pleurisy also is cured in them with incredible facility. He is of opinion that M. Roger practices paracentesis too often.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Under the quaint title, "*Katy Did, and Katy Didn't,*" Dr. Wm. K. Bowling, of Nashville, has published a pamphlet concerning priority in the ligation of the internal carotid artery, vindicating the claims of Professor W. T. Briggs, of Nashville, over Dr. H. B. Sands, of Bellevue Hospital.

——A pamphlet, reprinted from the Detroit *Review of Medicine and Pharmacy*, gives a description of Dr. Wood's "Hammock Splint." The pamphlet may be had of the author, Dr. J. T. Woods, Toledo, Ohio.

——The *Sixth Annual Report* of the Pennsylvania Society for the Prevention of Cruelty to Animals, shows that society alive to the work before it.

——The following pamphlets have also been received:—

Report of the Vaccine Department of the New York Dispensary, for 1873. By Frank P. Foster, director of the vaccine department.

Inaugural Address of Clark Bell, Esq., before the Medico-legal Society of the city of New York, November 20th, 1873.

BOOK NOTICES.

Second Annual Report of the State Board of Health of Minnesota, January, 1874. St. Paul, 1874. pp. 98.

This volume is a gratifying proof of the enlightenment and scientific advancement of the northwest. It is chiefly occupied with inquiries into the effect of the climate of Minnesota on diseases of the chest; the statistics of drunkenness in Minnesota in 1873; inebriate asylums and their value; typhoid fever and its treatment, (by Dr. D. W. Hand); and kindred subjects. These topics are studied with the best statistical aids which can be furnished, and generally in an impartial manner

The credit of most of the work is due to Dr. Charles N. Hewitt, the efficient secretary of the State Board of Health, who has given much attention to the interesting problems of State Medicine.

Transactions of the Wisconsin State Medical Society, for the year 1873, vol. VII. Milwaukee, 1874. pp. 129.

Besides the usual minutes, notices, etc., this volume contains articles by Dr. Van Dusen, President, on the rationale of the multiplication of diseases; by Dr. Dalton, on serpiginous ulcer; Dr. Palmer, on encephaloid tumor of the thigh; Dr. Whiting, on a case of endo-cervitis; Dr. Marston, on a case of rupture of the uterus; Dr. Meacham, on a case of false membrane in the fauces; an essay on carbol, by Dr. Hall; on cerebro-spinal meningitis, by Dr. Stoddard; remarks on sciatica, by Dr. Linde; purpura and eclampsia, by Dr. Armstrong; fracture of the skull, by Dr. Jenkins; cases of hysteria, by Dr. Fox; of pelvic cellulitis, by the same, and others. The articles are well prepared, and the volume is a highly creditable one to the Society.

Catalogue of the Library of the Surgeon General's Office. United States Army. In three volumes. Vols. I, II. Authors, A to Z. Vol. III, Subjects. Washington, 1874. pp. 1193, 956 and 319. Royal 8vo.

This catalogue contains about 50,000 titles, and gives a most gratifying proof of the judgment and literary acumen of those who have selected the works in this great national medical library. A careful examination of quite a large number of titles has resulted in the detection of no material errors. Here and there slight inaccuracies may be found. For example, this is said in the preface to be a catalogue of "known authors," but the name "Grotius Gallipotius," (p. 683, vol. I), is too obviously a pseudonym to pass for that of a known author. One or two other names of this kind have slipped in.

The proof reading, by no means an easy task, has been done with surprising accuracy. Very few errors will be found in the titles, more perhaps in the Latin double vowels than elsewhere. The name of each author is set in full faced type, and the title follows, the capitals usually introduced being omitted, after the plan adopted by Mr. Spofford in the Catalogue of the Library of Congress. The paper is clean, and the book is manufactured in substantial and not extravagant style.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 4, 1874.

D. G. BRINTON, M.D., Editor.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

THE SCIENTIFIC SPIRIT IN MEDICINE.

Dr. J. MATTHEWS DUNCAN, President of the Obstetrical Society of Edinburgh, and successor to Sir JAMES Y. SIMPSON in the Professorship of Obstetrics, delivered an inaugural address last December, at the Obstetrical Society, which deserves comment. His subject was the extension and the increase of the scientific spirit in medicine; and the text of his harangue was the remark of Helmholtz: "*Wer bei der Verfolgung der Wissenschaften nach unmittelbaren praktischen Nutzen jagt, kann ziemlich sicher sein, dass er vergebens jagen wird.*" He who in the pursuit of science seeks directly practical applications can be pretty sure that he will seek in vain.

The idea is, that abstract science must be studied for itself and not for the benefits it may confer on man; and that whoever is always looking for these is not imbued with the true scientific spirit. It is not easy to persuade a nation like the Scotch, the English, or ourselves, who boast of *practicality*, that this is the highest scientific frame of mind. Yet the best thinkers of this century have clearly recognized it. GOETHE, for example, laid down the somewhat startling maxim that pure science and pure art are, and must be, alike devoid of immediate practical and ethical applications. WHEWELL, in his *History of the Inductive Sciences*, shows that the scientific idea must precede the practical application of scientific fact.

The first step toward a sound scientific spirit is to recognize this distinction between abstract and applied science, and to acknowledge fully the necessary priority and superiority of the former. In medicine there is too much said about the ends in view, too little about the remoter means to those ends; too much dependence is placed on the dicta of a few leaders and the prevailing fashions in treatment and drugs; too little time is given to thinking out thoroughly and critically weighing the grounds on which these dicta and fashions rest; more than all, and worse than all, does the ease with which

the ordinary reader swallows a word, believing it an idea, illustrate the absence of the scientific method in medical study.

As Mephistophiles tells the student:—

"Wo Begriffe fehlen,
Da stellt ein Wort zur rechten Zeit sich ein."

Examples of this are palmary. What is the *vis medicatrix naturæ?* An empty chimera, *bombinans in vacuo.* What the *vis vitalis?* Another, nearly dead now, thank Heaven. These fatuous lights of a pseudo-science, terms teaching empty words and no real facts, but hiding them rather, meet us everywhere. In Dr. BARNES' last book on *Diseases of Women* he does good service in puncturing some of these hollow windbags. He asks what "neuralgia of the uterus" or "hysteralgia" is, and finds that these are merely Greek compounds framed "to lull the spirit of inquiry by fostering the false belief that they embody a pathological entity. Seemingly so definite, and yet so vague, they took their rise at a period when the precise and minute methods of investigation at present in vogue were comparatively unknown. These imposing terms, therefore, are the reflection of imperfect pathological knowledge. They no longer satisfy any but those who are satisfied with the imperfect pathological knowledge of the past."

Dr. DUNCAN'S address, to which reference has been made, itself fails to satisfy the true spirit of science. Like many writers of the day, he contemns and misstates the relations of metaphysical inquiry to physical science. Those who have studied the subject more fairly see no antithesis, no irreconcilable conflict between the two; and to assume, as he does, and with him MAUDSLEY, LEWES, COMTE, and such writers, is to err in the same manner that the practical man errs who despises abstract studies.

Nothing is more common than the latter. In a certain village of our country an ardent young physician located himself; and having, as most young physicians have, plenty of leisure, he devoted it to physiological experiments. In one of these, he varnished one half of a little pig, to study the effects of this partial suppression of the cutaneous transpiration. This became known, and the community were divided in opinion as to whether he was going crazy or was merely a "natral"; but all agreed that he would be an unsafe medical adviser. And this incident led to his closing his career in that town.

But the scientific spirit is not always thus inimical to success; and, in fact, real success is only assured when science is applied in the light of science which is abstract.

NOTES AND COMMENTS.

Therapeutical Notes.

TREATMENT OF TINEA TONSURANS.

Dr. S. Gee gives, in the *Lancet*, the following directions to treat this complaint:—

1. Cut the hair everywhere quite close, and keep it cropped as fast as it grows.
2. Wash the scalp with warm water and soap twice a day, and on no account let the hair get matted down on to the skin.
3. After washing and drying the head rub the following lotion well into any patches of ringworm:—Sulphocyanide of potassium, ½ oz; glycerine, 1 oz.; water, 7 oz.
4. Keep a piece of lint, soaked in the same lotion, on the scalp night and day, oil-silk upon the lint, and a calico cap over all.

TREATMENT OF ULCERS.

Nussbaum's method of treating ulcers by making an eccentric excision down to the fascia, about a finger's breadth outside the margin of the ulcer, and plugging the incision for a day with lint, merits every attention. He has treated upwards of sixty large chronic ulcers in this way with the utmost success. The patient, before the operation, is placed under the influence of an opiate.

ACONITE IN INSOMNIA.

Dr. Anstie says, in the *Practitioner*, "my own experience most amply confirms what has been said about the power of aconite to relax the cutaneous vessels; it is probably the most active drug in this direction which we possess; and I have on many occasions seen insomnia which was accompanied by dry harsh skin yield to the administration of aconite in repeated small doses, *coup sur coup.* The advantage of fractionizing the dose is, that you get a good massive quan-

tity into the system without causing the fainting or sickness which it might have produced if taken all at once."

Scientific Men Scientifically Studied.

Mr. Francis Galton, well known for his researches in regard to hereditary mental powers, has been pursuing these studies. He made personal inquiries of one hundred and eighty leading scientific men of the day, and on their replies based his conclusions. Most important was the almost persistent combination of remarkable energy of body with remarkable energy of mind. Size of head was considered, and as a general rule was larger than of ordinary gentlemen. Still, remarkably many scientific men had small heads, and the small heads were remarkable for activity. Health was a marked feature. Independence of spirit and tenacity of purpose were also most marked characteristics of men of science, and notably a large proportion were men of business, as principals of large commercial or mercantile concerns. The great incentive to science seemed, to the author, to be innate taste, and in character he regarded the scientific mind as anti-feminine. As to hereditary qualities, that of health seemed most essentially due to parentage; and on the parental side the influence of qualities was apparently on the father's side in the proportion of one hundred and twenty-eight to forty-five on the mother's side. A combination of all essential qualities seemed necessary to the production of a man of mark, and that the laws of chances and alternatives came in to give actuality to results. In regard to education, the general condition seemed to be that they were not tied down in their studies to particular subjects, but were given to the investigation of many.

"Bloodless Surgery."

This popular name, applied to operations with Esmarch's bandage, savors, according to the *Edinburgh Medical Journal*, too much of sensationalism. Besides, as long ago as 1821, Sir Charles Bell wrote on the subject of tourniquets:—"If the limb be uniformly rolled before amputation, the veins are emptied into the general system, and blood is saved instead of being withdrawn. In a very exhausted state of the patient it may be of service to attend to this." The *Edinburgh* continues:—"We believe that by posture and an ordinary roller, to empty the limb of fluid blood, is safer than, by an elastic roller, to force out of the limb not blood only, but perhaps putrid discharges; and that an ordinary tourniquet, properly applied, with a circular bandage, and without a compress, exerts as much compression as is needful, and not enough to imperil the life of the flaps, as there is too much reason to fear, from some cases already recorded, the elastic band may do. The surgeons of the Edinburg Infirmary have long practiced the above simple means of emptying a limb of blood; and by it have performed operations for necrosis, for bone-abscess, and very prolonged dissections in excision of the wrist, elbow, and ankle joints, with as much ease as in the dead subject, as far as hemorrhage is concerned."

Intermitting Lameness.

The *Doctor* remarks that:—"A very curious thing has been described by Dr. Sabourin, namely, that lameness may ensue from obliteration of arteries. Horse lameness is often so obscure that any light proves desirable. It is not, however, confined to the horse, but extends also to man. The cause, as observed, is owing to obliteration of the aorta and iliac arteries. Commonly, in previous good health, the subject begins to limp (*boiter*), in one or two limbs to tremble, and finally to fall. Rest is commonly productive of relief. MM. Bouley and Goubaux long ago pointed out the nature of the affection in horses, while M. Charcot first pointed out its occurrence, comparatively rare, in man. Arteritis has been supposed to be the occasion in horses, owing to the violent efforts they have to make, and embolism in men. In any case the occurrence affords a favorable illustration of the advantages of the study of comparative pathology."

Burning the Dead.

The polite term for this practice is "cremation" or "incremation." Sir Henry Thompson's paper upon it, to which reference was made a few weeks ago, has been translated twice into German; once in Cologne, and once in Gratz, in Austria; in the latter case with an introduction by Dr. Kœpl, formerly physician to the late King of the Belgians. In consequence of this joint publication, the Communal Council of Vienna has adopted, by a large majority, the proposal of one of its members to establish in the cemetery the necessary apparatus for cremation, the use of which will be optional and open

to all. Following this, the Communal Council of Gratz, which contains a population of 100,000, has decided to consider a like proposal. A veritable agitation of the question has arisen in both places.

In New York city also, according to a recent dispatch, there are a number of persons zealously in earnest in the effort to introduce the practice of burning the dead instead of burying them. These gentlemen held a meeting at the office of Dr. Sexton, with a view of perfecting arrangements, either for a large meeting or for some other form of demonstration.

A Hint and a Hit.

The British *Medical Press and Circular* does not seem to agree with a neighbor of ours, that it is "legitimate" to advertise a medical journal "in every way." It has this paragraph:—

"ABLY EDITED.—We observe that the *New York Medical Journal*, in its advertisements now appearing in the newspapers, makes a great point of recommending itself to the support of the profession by stating that it is *ably edited* by Drs. Lusk and Hunter. We agree with Drs. Lusk and Hunter, that they are able editors, but it is not generally considered necessary to tell the world what the world ought to know without blasts from one's own trumpet."

Decline of Medical Study in France.

The *Union Medicale*, of February 17th, says that in France the number of medical students, as well as that of practitioners, is on the decline, the medical recruital, both in civil and military life, becoming more and more difficult. Medical studies have now become so long and laborious, the physical and chemical sciences being now far more than mere auxiliaries, and forming an important part in the preparation for examinations; and the student, after his laborious and costly career, finds, on getting into practice, that he has no effective protection from the encroachment of charlatans and parasites.

Alcohol or Coffee.

Surgeon General William C. Maclean, of the British service, says, in a recent lecture:—

It is almost superfluous to say that the best substitute for alcohol is coffee or tea. The French military medical officers vaunt, and with justice, the superiority of the light wines of their own country over the more strongly brandied wines of Spain and Portugal; and they point to the fact that, when taken in moderation, the aromatic principles and the various salts they contain exercise an effect on the digestive organs which is alike wholesome and agreeable. With all this the best of them give a decided preference to coffee. Morache, in particular, is emphatic in his testimony, and is even eloquent in its praise as an article of diet, a safe stimulant, an aid to digestion, and an efficient refreshment under fatigue. Coffee forms no part of the ration of the French soldier in time of peace; but Morache does not hesitate to urge its issue instead of brandy, and he instances certain regiments in which the custom of substituting coffee for the morning *petit verre* had much advanced the cause of temperance.

How to Avoid Consumption.

Dr. MacCormac, of Dublin, believes the true way to avoid consumption is to have plenty of fresh air. He says that his practice is to sleep every night, winter and summer, betwixt the open door and window, both widely open, the draught rushing backwards and forwards as it lists. All his family does so. Nothing is more necessary than for physicians to preach the importance of sweet fresh air, especially in bed rooms.

To this the *Lancet* replies that this plan would no doubt save a good many people from consumption, by killing them much sooner, through bronchitis and pneumonia!

Statistics of Labor.

Dr. E. Besnier gave, in the Parisian Société des Hôpitaux, the following account of an epidemic of puerperal fever. In the first quarter of 1873, of 1656 labors in hospital, there were 67 deaths, or 4.04 per cent.; of 616 labors in women confined at home there were 8 deaths, or 1.29 per cent.; and in 2868 labors attended by the staff of the maternity charity, there were 11 deaths, or only 0.37 per cent. Hence the great importance of favoring births in the patients' own home, and discouraging hospitals for women in labor.

The Alleged Degeneracy of the Race.

Dr. J. M. DaCosta, in his late excellent valedictory address to the Graduating Class of the Jefferson Medical College, remarks:—

"What we hear of the physical degeneration of our race is very doubtful. I think the men as well formed and as capable of continued

exertion as ever. When we call to mind the marches of the British troops in India and Abyssinia, or of the Prussians in their late campaign; when we reflect on the splendid heroism, the privations endured, the extraordinary vigor of the men, both from the North and South, who were citizens one day, soldiers another, and who, brethren again, have raised the American name into a synonym for determination and endurance, it takes very strong faith to believe that the men of the second half of the nineteenth century are degenerating."

The United States Medical Directory.

This undertaking, of national importance to the profession, is now rapidly passing through the press, and will be delivered to subscribers early n June. It will make a handsome volume, large octavo size, of six hundred or seven hundred pages, and is remarkably cheap at the price at which it is offered to subscribers, $5. After publication the price will be $6. As a record of the profession in the year 1873, it will have a high historical value; and for business purposes it will be ndispensable to firms and corporations who would reach the medical profession of this country.

Case of Agalactia.

Dr. W. W. Dunn, of Louisiana, sends us the account of a somewhat unusual case of agalactia. The woman was a primipara, and was delivered of a healthy male child after a natural labor. Previous to parturition her breasts had been full of milk, but after that event, without any assignable cause, not one drop was secreted. Such instances are certainly rare, as generally agalactia arises from some profound mental or physical impression.

CORRESPONDENCE.

Age and Work.

ED. MED. AND SURG. REPORTER:—

In your notice of my essay on *Legal Responsibility in Old Age*, last week, you say in substance that the vulnerable point of my hypothesis lies in my assumption that the average longevity of men of genius is sixty-six years, and hence that I fail to make allowance for the early death of many original workers. You further state that I seem to ground this assumption on the singular argument that as sixty-five is the average age of the clergy, it is fair to assume that it is also that of other brain workers.

The above statements contain three errors:—

1. It is a *fact*, not an assumption, that the average longevity of men of genius, the leading original brain workers of the world, is *sixty-six* years. This *fact* I have established by my researches, and I have included in the estimate those who die early. The original work of these geniuses is mostly done between twenty and forty-five; before twenty, and between forty-five and sixty-six, their work is mostly imitation and routine.

2. The average longevity of clergymen is *not* sixty-five, but somewhat less than that. I spoke of the longevity of clergymen, not as an argument, but as an illustration merely.

3. I did not *assume* that all classes of brain-workers were, on the average, long lived, because clergymen were. The longevity of the geniuses whose lives I have studied was obtained from actual study of each life.

Truly yours, GEO. M. BEARD, M. D.
New York City.

[We have before stated that, to our mind, and we have read all the evidence adduced, Dr. Beard has not proven this exceptional longevity of men of genius. Those who believe he has may accept his conclusions.—EDITOR REPORTER.]

An Obstetrical Query Continued.

ED. MED. AND SURG. REPORTER:—

In your issue for March 21st, p. 276, Dr. J. S. Bird, of Hyde Park, N. Y., has replied to my query of March 7th.

The query proposed was regarding a case of occipito-posterior position (originally a fourth position), and the questions I desired to be answered categorically, were: 1st. The proper treatment of that case? 2d. The difficulties likely to be encountered in the delivery? 3d. Prognosis for the child? 4th. Prognosis for the mother?

Dr. Bird has answered frankly, and "from his own experience." 1st answer. Forceps. 2d. No difficulties will be encountered by a reasonably skillful operator, beyond those usually met with in application of forceps at the brim of pelvis. 3d. Prognosis good for the child. 4th. Prognosis for the mother invariably good, if managed as above!

Dr. Bird requests the undersigned to inform your readers of his treatment in the case in question, and the results! I will be pleased to give the treatment and the results in the case in question (which, by the by, was not a hypothetical case, but a clinical one), but previous to so doing, I desire to elicit a little more discussion upon the subject, and am curious to know if many others of your readers, physicians of large experience in midwifery practice, have been so fortunate as Dr. Bird, and if they would regard such a case as ordinarily fraught with no peculiar difficulties?

Dr. Leishman says, in his new work (System of Midwifery), in speaking of occipito-sacral positions, page 302: "The forceps are quite inapplicable to the class of cases last mentioned,

for reasons which are obvious. The surest and safest guidance is to be found in the careful study of the mechanism by which nature at this stage effects the rotation."

It seems that Smellie, more than one hundred years ago, found great difficulty in delivering the head in this position, by means of the forceps; and we think the same difficulties are to be encountered now as at that date. Will some other subscriber be so good as to reply to our interrogatories, and enlighten us upon this subject with his *experience*, and especially in fully answering the first query?

If forceps are decided as indicated, and *direct traction*, please state mechanism fully, and the manner in which the head is to be delivered in this position. In our case we have stated that "the occiput already presses against the perineum and greatly distends it; the forehead seems now almost impacted under the arch of the pubis." (See MED. AND SURG. REPORTER, March 7).

We are confident these queries cannot be answered theoretically or dogmatically; the *experience* of the practitioner will be found in these cases of more value than all the theory in the world. Yours, etc., T. G. C.

St. Louis, March, 27, 1874.

Alcoholism.

ED. MED. AND SURG. REPORTER:—

In a late number of the MEDICAL AND SURGICAL REPORTER, the Editor quotes British medical authority to prove that the prescriptions of physicians, do not, as a general thing, contribute to make drunkards.

I can adduce several examples to prove the fact that prescriptions, by regular physicians, of alcoholic stimulants do lead to habits of drunkenness in the patient. For example, Mr. B., a young man of Fauquier county, Virginia, applied to Dr. A., a regular practitioner, for a prescription for the relief of debility. All was prescribed without any limitation as to time or quantity. During this man's last illness, seven years afterwards, which was caused by excessive indulgence in ardent spirits, he declared that the above prescription led to his acquiring a taste for stimulants.

In another instance, I knew a Doctor who was celebrated in his neighborhood for preference of stimulants as remedies. He acquired the sobriquet of "Brandy Doctor." He prescribed on one occasion, for a rheumatic patient, whiskey. His patient drinks now habitually. While many men and women may not indulge to excess, and thereby become drunkards, the fact is easily proved that the prescriptions of the various tinctures, elixirs, and the "inevitable" toddy or milk punch, do lead to intemperance. The habits of society, the world over, encourage drunkenness. Druggists and merchants, and even our legislators, wink at the traffic and sale of alcoholic stimuli, from which money and revenue are derived.

It is well known to the profession, that the late Dr. J. C. Warren, of Boston, recognizing in his practice that the necessity for the employment of spirits by the faculty and the public was too often imaginary, and led to intemperance, before he died, made strenuous efforts, and with success, in Boston, to discourage the use of distilled spirits, Stoughton's Bitters, and the various tinctures which too many drank because ashamed to resort to brandy or rum.

The reports of the various State Medical Societies, and the national organizations in this country and in Great Britain, will also show the adoption unanimously of resolutions condemnatory of physicians who prescribe stimulants without due limitation.

Says a medical cotemporary, writing for the *Richmond Journal*, "My heart is pained when I think of the reckless manner in which alcoholic stimuli are so frequently prescribed. After a practice of over twenty years, I am fully convinced that our profession have a fearful responsibility resting upon them."

FRED. HORNER, JR., M.D.

Salem, Va.

Medical Affairs at Albany, N. Y.

ED. MED. AND SURG. REPORTER:—

The distracted state of the medical profession at Albany still continues. Two of the young professors have suddenly resigned, who were appointed to fill places caused by changes in the Medical College after the death of the lamented March, when the first rupture occurred. Before these, Professors Clymer and Peaslee, of New York (attached to the college about the same time), had severed their connection. At the Albany Hospital four resignations took place simultaneously; Dr. Boyd, the Senior Physician, withdrew some weeks before.

Various conjectures have been ventured to account for these withdrawals, but it seems, from the language of an Albany newspaper, that the latest resignations were occasioned by the appointment of a recent graduate of the Medical School, in consideration of money. If this is really so, Drs. Swinburne, Vanderveer, Bigelow, and Beckett are entitled to commendation for their action in leaving institutions where such reprehensible conduct is possible. When appointments in Medical schools or hospitals become purchasable, a low stage has been reached, and it would be no lower one for such schools to sell diplomas to any one wishing to buy. Whether it is actually true, we have, of course, no positive evidence.

While these convulsions were working in the profession, we learn that a bitter strife was going on out of it, and yet being essentially part of the doctors' quarrel. Dr. C. A. Robertson (whose name is well known to the profession as the author of the searching criticism of the report published concerning the illness and treatment of the late Dr. March), was proposed as a candidate for the office of President of the Albany Young Men's Association, in recognition of his valuable services last year, while acting in another capacity. Promptly the name of Dr.

Haskins, of the Medical College party, was nominated, although he had no connection with the literary body of which Dr. Robertson was an officer. It was clear to the public mind that somebody had injected the virus of the medical strife into the affairs of the Association. Citizens of the highest character condemned the spirit and intention of this conduct, as threatening to the best interests of the Association. As this was the feeling of most of the active members, too, the defeat of Dr. Robertson was evidently not to be accomplished without bringing in enough new members for the purpose.

The strife waxed warm, and for a while the Young Men's Association and the "Doctors' Fight" were the theme of the greatest interest. All "the knowing ones" declared it was Robertson and Armsby again, and bets were made on the issue. However, to cut this subject short, at last the balloting was held, and it was found that Dr. Robertson, with his entire ticket, was elected.

Still another curiosity-stirring, and perhaps contention-breeding appearance is noted. This is a bill, somewhat remarkable in its language, contemplating a consolidation of the Albany Hospital and the Medical College, which has just appeared in the State Legislature. To what it may lead is a matter of question that is beginning to be considered.

There is also talk of a new medical school, which may end in talk or may come into active existence, with a staff of well educated professors. At all events, it is time that a better state of things should exist in Albany.

Albany, N. Y. A. B. C.

Eupatorium in Tapeworm.

Ed. Med. and Surg. Reporter.

In your journal, of February 28th, I notice the report of a case substantiating the efficacy of pumpkin seeds as a remedy for tapeworm. As I have retired from practice, and would like to see the effects of an equally simple remedy tested, I send you the following case, hoping those having an opportunity for more extended observation in such cases may be induced to compare it with other remedies:—

Mrs. C——, aged thirty-one years, came under my observation in the fore part of March, 1873. She had been complaining for a year or two. I think she had been under one physician's care for a year, being treated for disordered liver, indigestion, etc. About March 15th, 1873, she commenced drinking a decoction of *Eupatorium Perfoliatum* that was prepared for her husband. She would take a swallow frequently during the day, thinking it relieved her stomach. In about two weeks after she commenced the use of the decoction, she began to void a substance that attracted her attention, and alarmed her. At that time she passed (using her language), "a double handful," a part of which was shown to me, and the rest was thrown into the water closet. I pronounced it tenia, and prepared her a quantity of pumpkin seeds, which she took, following up the treatment with a brisk cathartic, but no more of the tenia was discharged, however, until about four days after she took the pumpkin seeds, she went back to the *Eupatorium*, and by drinking it a few days she voided sixteen feet and six inches more of the tenia, since which time she has been well, and free from her former symptoms. Of course this is an isolated case, and proves nothing, but by reporting the facts the attention of others may be directed to the remedy.

H. S. Wilkins, M. D.

Erie, Pa., March 21st, 1874.

Birth of Triplets—Dangerous Hemorrhage Weeks after Abortion.

Ed. Med. and Surg. Reporter:—

The following abstract from my note-book, of a case under my care about two years ago, I trust will not be without interest to your readers; and in order to a better understanding of the case, I will relate some of the previous history of the patient.

Mrs. C., aged 29, has been married nearly twelve years. About two years after marriage she became pregnant, which pregnancy resulted in the birth of triplets, one of which lived four days. She now has three living children, the oldest six, the second three years, and the youngest nearly fourteen months. She informs me that menstruation was regular previous to marriage, commencing again from four to six weeks after the birth of the triplets, as well as after the birth of each child, and continuing regularly until pregnancy again. Some eight months after the birth of the second child her first abortion occurred. At that time she resided in Bridgeport.

I first saw the patient July 21st, 1872. An abortion had taken place eleven days previous, and not suffering much at the time her friends did not call in medical aid. I found her suffering from an excessive flowing, which had suddenly prostrated her. I succeeded in checking the hemorrhage with the usual remedies, and in the course of three or four days she was able to walk about the room.

On the night of August 19, six months from the time of the abortion, on awakening from a sound sleep, she was again taken with profuse hemorrhage. On arriving at the house, I found the patient almost moribund from the excessive loss of blood. After great exertion and effort, I succeeded in checking the uterine flow, and rallying her from a dangerous condition. Some slight attacks of hemorrhage have occurred since, but not of a serious character; and at the present time (Sept. 6, 1872,) the patient is apparently out of danger.

Since recording the above I have been called three or four times to see the patient, and found her suffering from uterine hemorrhage, but not to an alarming extent, and comparatively easily controlled. The last attack, if my memory serves me right (for I have failed to note it), occurred about eight months since. A few days

ago she called at my office to be treated for a cough, but otherwise was enjoying fair health.

The case is interesting and remarkable, considering the birth of triplets, the abortions, menstruation recurring and continuing while nursing each child, and the extreme danger from hemorrhage so long after abortion occurred.

D. C. LEAVENWORTH, M. D.

New Haven, Conn., March 18, 1874.

NEWS AND MISCELLANY.

Medical Society of the State of Pennsylvania.

PHILADELPHIA, March, 1874.

The Annual Session will be held in the city of Easton, on Wednesday, May 13th, 1874, at 3 P. M.

The Address in Surgery, by Thos. M. Drysdale, M.D., Philadelphia.

The Address in Medicine, by T. H. Helsby, M.D., Luzerne.

The Address in Obstetrics, by Wm. B. Atkinson, M.D., Philadelphia.

Report of the Committee on the Regulation of the Practice of Medicine and Surgery. Chairman, Dr. R. L. Sibbet, Cumberland.

On Education of Deaf Mutes. Chairman, Dr. L. Turnbull, Philadelphia.

On Care and Treatment of Insane Criminals. Chairman, Dr. John Curwen, Dauphin.

On Compulsory Vaccination. Chairman, Dr. Benj. Lee, Philadelphia.

Secretaries of County Societies are requested to forward their lists of Officers and Members, with the post-office address of each member, to the undersigned, at their *earliest convenience.*

WM. B. ATKINSON, *Permanent Secretary,*
1400 Pine Street, Philadelphia.

Law Regulating Medical Practice in Pennsylvania.

A bill has been introduced at Harrisburg to regulate the practice of medicine in this State. The measure, if passed, is to take effect June 1st, and provides that after that date it shall be unlawful for any person to practice medicine who has not graduated with the degree of "Doctor of Medicine," and received a diploma from a chartered medical school authorized to grant medical diplomas. An exception is, however, made in the case of persons who have been for twelve years in continual regular practice, though they may not have thus graduated. To prevent interference with regular practitioners, there is an additional provision that any person who attempts to practice medicine in any county by opening a transient office, or who by advertisement assigns such transient office as a meeting place for patients, must first furnish satisfactory evidence to the clerk of the court of the county that he has graduated as aforesaid, and must in addition take out a license for one year, paying for it a fee of two hundred dollars. Regular physicians and surgeons beginning practice in any county, "with the intention of remaining permanently therein," are exempted from compliance with this portion of the act. The penalty for the violation of the law, if it is passed, is a fine of two hundred to five hundred dollars, or imprisonment not exceeding six months, or both, at the discretion of the Court.

A Medico-Psychological School.

The New York *Daily Graphic* says:—One of the recent ideas current among men of science is the establishment of a new school or university, similar in plan to the medical schools, but devoted to the study of experimental psychology. Mental science, it is claimed, stands in the same relation to ethics and the art of mental health generally that medical science stands to the art of curing diseases. To such a university the insane asylums and the criminal courts would be the adjuncts analogous to the hospitals in the schools of medicine.

It is proposed by Dr. Kaizer, President of the Berlin Philosophische Societat; Leon Dumont, of the *Revue Scientifique,* Paris; and Dr. Wallace Wood, of New York, together to establish during the coming year such a school at Milan, to be called the Stendhal Psychical College. A charter will be obtained and diplomas will be granted to graduates, conferring the title of doctor of psychology. There will be five professorships, one for the study of sensation, one for memory, one for the study of the passions, the other two being devoted to the chemistry and anatomy of the nervous centres. One of the professorships, at least, that in connection with sensation, will be given to a lady.

Orthopedic Surgery.

Dr. DeF. Willard will deliver a systematic course of lectures, on Orthopedics, at the rooms of the Ninth Street Medical Association, S. W. corner Ninth and Locust streets, commencing on Thursday, April 9th, and continuing thereafter at such hours as will suit the class. The Course will include a discussion of all varieties of deformities and malformations, congenital and acquired, together with the operative and mechanical means for their relief.

The Last of the Siamese Twins.

The bodies of the Siamese Twins were removed from the College of Physicians and Surgeons on March 20th, by Messrs. Christopher and Diogenes Bunker, sons of the deceased, who took charge of them, intending to convey them to Mount Airy, North Carolina, where they will be interred. The Messrs. Bunker deny the reports which have been circulated, to the effect that the scientific commission who performed the autopsy on the bodies were obliged to pay a sum of money to the family for the privilege, and state that the family have no intention whatever of allowing the bodies to be exhibited for money, and to that end will endeavor to have the effect of the embalming fluid now in the bodies destroyed.

A general disappointment is manifested, both at home and abroad, at the slip-shod and imperfect way in which the autopsy of the Siamese twins was reported.

The British *Medical Press and Circular* says: "The results of the autopsy seem to have been communicated piecemeal, and in a very unsatistory way. In the end we suppose we shall get a more exact account."

This comes of letting a matter of science be made a catchpenny item by a sensational medical paper, confessedly anxious to advertise itself "in any way."

The College of Physicians of this city was thus led into a discreditable snare; and now the rumor is that the regular organ of that body declines to exhibit the Siamese in its regular report of the Proceedings of the College. The Fellows naturally feel as if they had been sold cheap.

Ancient Recipes.

A century and a quarter makes a difference in therapeutics, as is illustrated by the following letter taken from the *Carolina Gazette*, of May 9, 1750, quoted by the *Star*, of this city.

"To THE PRINTER—*Sir*: I am commanded by the Commons House of Assembly to send you the enclosed, which you are to print in the *Carolina Gazette* as soon as possible. It is the negro Cæsar's cure for poison, for discovering of which, and likewise his cure for the bite of a rattlesnake, the General Assembly hath thought fit to purchase his freedom and grant him an allowance of £100 per annum, during life.

"I am, etc.,

"JAMES IRVING."

Take the roots of plantain and wild hoarhound, fresh or dried, three ounces; boil them together in two quarts of water to one quart, and strain it; of this decoction let the patient take one-third part three mornings, fasting, successively, from which, if he finds any relief, it must be continued until he is perfectly recovered; on the contrary, if he finds no alteration after the third dose, it is a sign that patient has not been poisoned at all, or that it has been with such poison as Cæsar's antidotes will not remedy, so he may leave off the decoction.

Foreign Body in the Stomach.

About five months ago the infant son of J. B. Scattergood, Esq., of this city, met with a surprising accident. His age was then four and one half months, and he swallowed a fruit knife two and three-eighths inches long, one-fourth inch thick, and one and one-fourth inches in circumference. Over four months afterwards, on March 8th, the child then being nearly nine months old, the knife passed out through the bowels. During the interval the little fellow suffered very much at times, but he is now in good health.

—New York has formed a "Mutual Cremation Society."

Capital Punishment in Illinois.

In the Legislature of Illinois a special committee of five has been appointed on the subject of capital punishment. A strong outside pressure will be brought to secure the passage of a bill abolishing the death penalty. Petitions are coming in to urge the measure forward.

—Dr. Balle presented, recently, to the *Faculté de Médecine*, of Paris, a young girl, aged fourteen, named Blanche Dumas, whose body, from the waist downwards, is double, the two parts acting independently of each other. The two legs she uses for walking belong each to a different trunk, while a third one is quite insensible to pain. Her health is good.

—At Virginia City, Nevada, a week or two since, James Booth was fatally injured by having both legs cut off by a railroad train. A young man who saw the accident fainted, and his hair, which was black, instantly turned white with the shock.

—Carlyle has somewhere affirmed that the presence of quackery as an appendage to any profession is indicative of something decidedly wrong in the constitution of the profession itself.

—More than a hundred people are drinking warm blood at the Brighton, Mass., abattoir, for various diseases, and there is talk of building a hotel to accommodate the patients.

—At the University of Berne there are at present twenty-five lady medical students, among whom are twenty-two Russian ladies, whom the last ukase forced to leave Zurich.

—The small-pox is again epidemic in Montreal. It is estimated that there are two hundred cases of the disease in that city, and several deaths are reported daily.

—Count Waldeck, the painter, is still living in Paris, at the age of 108.

OBITUARY.

DR. NEIL ARNOTT.

Dr. Neil Arnott, well known for his "Elements of Physics," published about forty-five years ago, died in London, March 2. He was one of the physicians to the Queen, and died at the age of eighty-six years.

Dr. Arnott's genius showed itself in a very unusual combination of inventive power, with the art of popular exposition. His greater inventions include the "water-bed," for protection against bedsores—an effectual preventive of the sloughing of the skin. He was full of minute mechanical contrivances, both in his profession and out of it. That the public might get the full benefit of his inventions, he never took out a patent.

MARRIAGES.

PERKINS—BEARD—In the Methodist Episcopal Church, Hancock, Md., March 19, 1874, by the Rev. E. E. Anderson, Dr. Wm. H. Perkins and Mary J. Beard, both of Hancock, Washington Co., Md.